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NORTH CAROLINA DRUG COMMISSION

STANDARDS and GUIDELINES

S E. HOLSHOUSER, JR.
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F. E. EPPS
Director, Drug Commission

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STANDARDS and GUIDELINES

JAMES E. HOLSHOUSER, JR.
Governor

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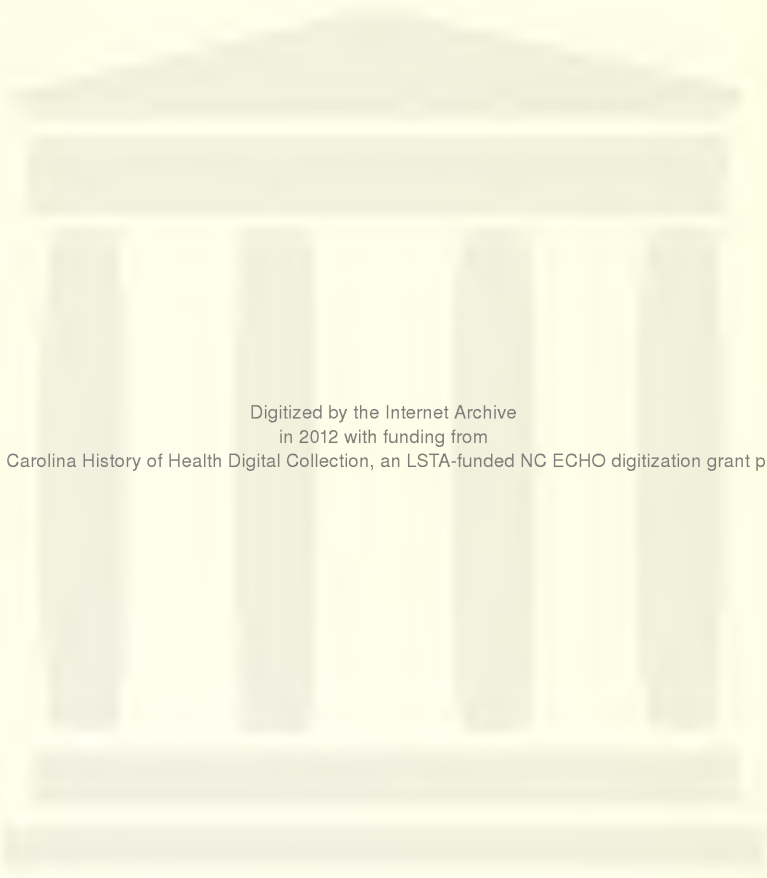

§.0300 ACCREDITATION OF DRUG PROGRAMS

§.0301 Definitions

As used in these rules and regulations, the following terms shall have the meanings specified:

(1) The terms "shall/must" is used to indicate a mandatory statement; the only acceptable method under the present standards.

(2) The term "should" is used in the interpretation of a standard reflecting the commonly accepted method, yet allowing for the use of effective alternatives; a guideline.

(3) The term "may" is used in the interpretation of a standard to reflect an acceptable method that is recognized but not necessarily preferred.

(4) The term "is recommended" is used synonomously with "should."

(5) The term "standard" refers to the basic criteria considered mandatory for the operation and implementation of services rendered as regards to any organization. All programs must meet all minimum standards for that type of program prior to accreditation. **Standards are printed in standard type.**

(6) The term "guideline" (while highly recommended) is differentiated from a standard in that it is optional for each facility. **Guidelines are printed in italic type.**

(7) The terms "he/his/him" are pronouns used throughout this document for convenience and consistency rather than discrimination, to refer to both sexes.

(8) The term "active client" refers to an individual who has been accepted as eligible to receive services of a program/service and for whom a treatment-rehabilitation plan has been or is being developed. A client engages in program/services activities on a continuous or regularly scheduled basis not less often than monthly.

(9) The term "administration" refers to those organizational components concerned with the general management and business aspects of the program/service rather than with direct treatment and rehabilitation services to clients.

(10) The term "advisory body" refers to a committee of individuals who closely match the sex, race, ethnic and economic characteristics of a given target population, and who review, comment and make recommendations on program/service policies and procedures stemming from, affected by, or related to said characteristics.

(11) The term "alternative high" refers to a positive feeling of self and others engendered by activities that are not physiologically, psychologically, or socially detrimental to the individual, and may be philosophical, religious, physical or creative in nature.

(12) The term "case conference" refers to a meeting, attended by staff representatives of various treatment and rehabilitation components, which has as its primary goal the review of client's treatment and rehabilitation plan, as well as, his progress in meeting treatment goals.

(13) The term "case record" refers to the series of documents kept on every applicant and/or client containing the history of the individual's association with the program/service. This record shall include the results of the medical and drug history, physical examinations, laboratory tests, all other assessments, treatment-rehabilitation plans, progress notes, medical records, and all correspondence dealing with the individual.

(14) The term "catchment area" refers to the target population that program/service is funded to serve.

(15) The term "central intake" refers to a component of a multi-modality drug program designed to provide the following services: client evaluation and referral services, data collection and management services, and community consultation services.

(16) The term "client" refers to a person involved in, has applied for, or has received services from a program.

(17) The term "client advocacy" refers to the process of serving as a supportive, facilitative or linking interface between clients and helping institutions.

(18) The term "communication skills" refers to a skill which enhances the individual's ability to listen effectively to others and to express himself effectively.

(19) The term "community based" refers to the fact that when applied to a program/service, that the program derives its reason for existence, purpose and primary authority from a defined catchment area.

(20) The term "comprehensive treatment/rehabilitation program" refers to an organization with a staff, budget, facilities, and other resources that functions under a defined set of policies and procedures and is designed to achieve changes in an individual's drug taking behavior, and to ameliorate those problems causing or resulting from his drug abuse activities. A comprehensive rehabilitation program provides activities and services in general health, legal assistance, mental health, social and vocational rehabilitation to the client.

(21) The term "consultant" refers to an individual who provides advice and service to a program/service upon request and usually through a contractual agreement. For the convenience of these Standards, a consultant is classified as a member of the program/service's staff.

(22) The term "crisis" refers to an emotional or psychological state of being. A person meets with a major obstacle of life goals. Often, but not always, the crisis is precipitated by a threatened or an actual loss the person is experiencing in the internal or external realm of his life. Usually a crisis involves a combination of both factors. The person tries to cope with the crisis using methods that have helped in the past (defense mechanisms). These fail and the person begins to feel trapped. The person, finding that his coping mechanisms are not working, begins to thrash around attempting to relieve the distress. Tension mounts and the individual is motivated to "do anything" to get rid of the predicament (period of disorganization). This disorganization is ineffective in providing any relief. Panic ensues and help is sought either through words or actions. Theoretically, a crisis is a self-

limiting condition usually resolved (successfully or unsuccessfully) within four to six weeks. Help is usually sought within the first two weeks.

(23) The term "crisis (intervention) center" refers to a facility offering all services as defined in the Standards and Guidelines of rap houses and hot lines plus the ability to do face-to-face counseling and crisis intervention.

(24) The term "decision-making skills" refers to skills which aid the individual in the process of examining personal expectations and needs related to a particular situation, examining the consequences of possible alternative strategies, and deciding upon a strategy which will come closest to meeting personal needs.

(25) The term "detoxification" refers to the systematic reduction and elimination of physical dependence.

(26) The term "drug specific information" refers to information concerning the identification of drugs, their effects on the body, their derivation, systems of manufacture and sale, and other information directly related to chemical substances.

(27) The term "executive director" refers to the individual appointed by the governing body to act on its behalf in the overall management of the program/service.

(28) The term "experienced-based learning" refers to (experiential learning) the active involvement of the learner in the learning process; includes almost any activity in which the learner actually practices the skill involved rather than merely taking notes from a lecturer.

(29) The term "facility" refers to that physical area, building, room or set of rooms where program/service functions take place and that is under the direct administrative control of the program/service.

(30) The term "follow-up" (as used in crisis centers) refers to a process by which it is determined whether or not a client has utilized further services.

(31) The term "formal agreement" refers to a written contract, letter or agreement, or other document that defines the relationship between a program/service and an outside resource.

(32) The term "formal relationship" refers to a relationship governed by a formal agreement.

(33) The term "goal setting skills" refers to skills which enhance the individual's ability to identify short and long term personal life goals.

(34) The term "governing body" refers to the persons with primary legal responsibility for the overall operation of the program/service.

(35) The term "hot line" refers to a telephone counseling service providing short-term supportive counseling and referral, telephone crisis intervention and information.

(36) The term "informal relationship" refers to any agreement between a program/service and an outside resource to cooperate in a common venture but not imposing binding responsibilities on either party.

(37) The term "interpersonal growth" refers to the process of learning skills which enhance the individual's ability to relate to others effectively.

(38) The term "intervention" refers to that level of prevention wherein the emphasis is on early recognition and prompt identification of dis-

abilities. Here the major focus is to limit the speed or depth of disability, preventing an individual or situation from growing to a chronic level by offering short-term intervention counseling and/or referral into a treatment service.

(39) The term "methadone detoxification" refers to using methadone as a substitute narcotic drug in decreasing doses to reach a drug-free state in a period not to exceed 21 days.

(40) The term "methadone maintenance" refers to treatment using methadone on a continued basis, in conjunction with provision of appropriate social and medical services, at relatively stable dosage levels for a period in excess of 21 days as an oral substitute for heroin or other morphine-like drugs, for an individual dependent on heroin. An eventual drug free state is the treatment goal for clients.

(41) The term "methadone treatment center" refers to a center that utilizes methadone as a tool in the rehabilitation process of the narcotic dependent person. Methadone may be used for detoxification or maintenance.

(42) The term "non-residential treatment center" refers to a facility with a staff offering primarily day/night program services which provide for scheduled group and individual counseling and/or therapy to persons who have problems which have or may result in drug use and/or abuse. It also teaches alternatives to drug use and/or abuse.

(43) The term "off-site" pertains to a site of crisis outside of the facility to which staff persons are summoned.

(44) The term "on-site" refers to that within the confines of the program/service itself.

(45) The term "outpatient services" refers to treatment provided to clients on a regularly scheduled basis. Services include group, individual and family counseling and other supportive and rehabilitation activities.

(46) The term "outreach" as a component is a conduit through which clients flow into the program.

(47) The term "paraprofessional personnel" refers to those persons within drug programming who have gained their expertise through training and experience in the problem area.

(48) The term "personal growth skills" refers to skills which enhance the individual's ability to know himself and his needs, and to effectively handle his feelings.

(49) The term "primary prevention/drug education" refers to a process through which the individual better understands himself, how he can relate effectively to others, how he can cope with problems, and effectively deal with life situations without abusing chemical substances.

(50) The term "primary therapist" refers to the individual within the treatment program providing and responsible for the counseling services of a client.

(51) The term "problem-solving skills" refers to skills which enhance the individual's ability to identify personal or situational problem areas and to resolve them through personal action or negotiation.

(52) The term "professional personnel" refers to those persons degreed and licensed to operate in a particular field.

(53) The term "program/service" refers to those organizations and agencies, public or private, which have as their primary objective drug abuse prevention.

(54) The term "progress report" refers to a written statement, narrative and statistical description of the functions and accomplishments of a component that is presented to program/service on a regular basis.

(55) The term "rap house" refers to a walk-in facility offering hot line services and short term supportive services to groups and individuals.

(56) The term "residential treatment center" refers to a group care live-in facility where clients reside 24-hours per day and which provides a therapeutic regimen for the treatment of drug dependent persons.

(57) The term "responsible executive" is synonomous with executive director.

(58) The term "short-term services" refers to those services which do not exceed a thirty-day period. At the end of these thirty days, a referral decision will be made. These services have limited goals of resolving the immediate presenting problems.

(59) The term "staff member" refers to any individual who provides service to the program/service on a regular basis, whether on the payroll, as a consultant, or as a volunteer.

(60) The term "supportive services" refers to those activities or processes that provide specifically for the basic life support needs of the client.

(61) The term "treatment plan" refers to a written plan which specifies the goals, activities, services, and programs deemed appropriate to meet the objective needs of the client.

(62) The term "treatment-rehabilitation" refers to treatment defined as the active process of the program/service to provide physical, psychological and social services which are addressed to the presenting problems of the client. Rehabilitation is the experience of the client whose treatment plan is successful. Therefore, the term treatment-rehabilitation process is used to denote total activity, including interviewing, counseling, and any other services or activities carried on for the purpose of, or as an incident to, diagnosis, treatment or rehabilitation of drug abuse.

(63) The term "valuing skills" refers to skills which aid the individual in the process of identifying and affirming his personal value system and relating it to his behavior.

ACCREDITATION GENERALLY

§.0302 To qualify for accreditation, community-based and regional drug programs shall comply with the appropriate standards herein. The State Standards and Guidelines shall be abided by.

§.0303 Denial, suspension, or revocation of accreditation shall not result in automatic revocation of the license of the program concerned.

§.0304 All community-based or regional drug programs subject to funding review by the North Carolina Drug Commission grant review process must be accredited in order to qualify for receipt of Federal or State funds except:

(1) New programs

(2) In those instances in which requirements for accreditation violates Federal law or regulations.

§.0305 Upon approval for funding by the North Carolina Drug Commission, new programs may be conditionally accredited pending the regular accreditation site visits occurring between July 1 and December 31 of the calendar year.

PROCEDURE FOR ACCREDITATION

§.0306 Accreditation Optional

The governing body of a drug program shall make an election whether to apply for accreditation for its drug program or any component thereof. A letter from the governing body signifying that a program or component has elected to apply for accreditation shall constitute application for accreditation. This application must have been received by the North Carolina Drug Commission by September 1 prior to the date for which accreditation is sought.

§.0307 Annual Accreditation or Renewal

Accreditation once issued shall be effective for one year and subject to annual renewal. The accreditation procedure and minimal standards are the same for renewal as for the initial accreditation. The initial application for accreditation shall be deemed a continuing application for accreditation unless the governing body of the drug program has withdrawn its application or said application was denied, suspended, or revoked by the Professional Accreditation Board designated by the Board of The North Carolina Drug Commission.

§.0308 Prerequisites for Applicant

To qualify for accreditation, the applicant must be either licensed or exempt from the statutory licensing provisions.

§.0309 Professional Accreditation Board

The North Carolina Drug Commission Board shall appoint an interdisciplinary board to be known as the Professional Accreditation Board. Members of the Professional Accreditation Board will be selected for their expertise and commitment to excellence in the field of human service delivery systems. Provisions for expenses, terms of office and grounds for removal from office shall be determined by The North Carolina Drug Commission Board. The principal office of the Professional Accreditation Board shall be at the office of The North Carolina Drug Commission, 3800 Barrett Drive, Raleigh, North Carolina, 27609. All correspondence and petitions for the Professional Accreditation Board should be addressed to that office.

§.0310 Administrative Procedure Act

The North Carolina Drug Commission and the Professional Accreditation Board shall adhere to the procedures set out herein in addition to the requirements of the Administrative Procedure Act (North Carolina General Statutes, Chapter 150A).

§.0311 Powers and Duties of the Professional Accreditation Board

(a) The Professional Accreditation Board may issue declaratory rulings as to the validity of these standards and guidelines or as to the applicability to a given state of facts of a standard except when the Professional Accreditation Board for good cause finds issuances of a ruling undesirable. The procedure for declaratory rulings set out in the Administrative Procedure Act shall be followed.

(b) The Professional Accreditation Board shall use the site review process to obtain findings of fact and recommendations for decisions on the accreditation status of program/services or components thereof.

(1) Members of the accreditation site review team

The Director of the North Carolina Drug Commission shall appoint three or more members to serve on each accreditation site review team:

(A) One member shall be selected from a community-based drug program for his expertise in the services to be reviewed and his location in a community comparable to that of the site to be reviewed.

(B) One member shall be a member of the North Carolina State Drug Advisory Council or North Carolina Drug Commission Board or North Carolina Drug Commission Professional Accreditation Board.

(C) The third member may be chosen from state agencies which have a direct interest in drug abuse programs or drug program governing bodies.

(D) When a team is to be composed of more than three members, there shall be a balance of representatives among the categories listed, with emphasis upon the representatives from community-based drug programs.

(2) Scheduling and Notice of Accreditation Site Review Visits

(A) Site review shall be scheduled between July 1 and December 31 for accreditation for the following calendar year.

(B) Written notice of a planned site review shall be given one month in advance to all parties concerned.

(C) The dates for review shall be scheduled so that no persons doing site visits will have their own programs reviewed on the same day.

(3) Findings and Recommendations of the Accreditation Site Review Team

(A) The site review team shall discuss its anticipated recommendations with the program/service or component repre-

sentatives at the time of the visit.

(B) The findings and recommendations of the accreditation site review team shall be submitted in writing to the program within two weeks after the site visit.

(C) The program/service or component may submit to the Professional Accreditation Board written responses to the findings and recommendations of the site review team. Such written responses and requests for a personal appearance by a program representative at the meeting must be received by the North Carolina Drug Commission two weeks prior to the scheduled meeting of the Professional Accreditation Board.

(D) If the site review team does not make a favorable recommendation for accreditation, the program reviewed shall have 75 days within which to comply with the recommendations as per (C) above.

(c) Action by the Professional Accreditation Board concerning the accreditation of the program/service or component thereof may be initiated either by receipt of an application for accreditation by a program/service or component thereof or at the request of the North Carolina Drug Commission.

(d) Professional Accreditation Board hearings on the status of accreditation of drug programs or components shall be "contested cases" as defined in North Carolina General Statute Section 150A-2(2) and shall be governed by Article III of the Administrative Procedure Act.

Decisions by the Professional Accreditation Board on the status of accreditation of a program/service or component thereof shall reflect consideration of the merits of the following information:

(1) Written findings of fact and recommendations of the accreditation site review team.

(2) If submitted by the program/service, written statements in response to the recommendations of the accreditation site review team.

(3) If submitted by the program/service, written requests for amendments to the findings of fact made by the accreditation review team.

(4) Testimony of representatives of the program/service submitted.

(5) Other relevant testimony or documents elicited or received by the Professional Accreditation Board.

(e) The decision by the Professional Accreditation Board that the accreditation application shall be approved or denied or that accreditation be suspended or revoked must include explicit findings of fact, a written statement of the reasons for such decision and pertinent conclusions of law.

(f) The decision of the Professional Accreditation Board to grant accreditation must be approved by the North Carolina Drug Commission for accreditation to become effective.

(g) A rehearing by the Professional Accreditation Board may be

requested by the North Carolina Drug Commission or the program/service within 30 days after the Professional Accreditation Board rendered its decision. Failure to request a rehearing within the time stated shall operate as a waiver of the right. If the right to a rehearing is exercised, the decision of the Professional Accreditation Board shall be considered a final decision for purposes of appeal.

§.0312 Appeal

A decision by the Professional Accreditation Board to deny, suspend or revoke accreditation may be appealed to the North Carolina Drug Commission. The decision of the North Carolina Drug Commission may be appealed to the Wake County Superior Court.

If the North Carolina Drug Commission does not approve a decision of the Professional Accreditation Board, the North Carolina Drug Commission must set out in writing explicit findings of fact, stating the reasons for its refusal to approve accreditation and its conclusions of law. The decision of the North Carolina Drug Commission not to approve the Professional Accreditation Board grant of accreditation may be appealed to the Wake County Superior Court.

§.0313 Annual Revision of Standards and Guidelines

The standards and guidelines herein shall be updated annually by the North Carolina Drug Commission. Proposed modifications of these standards and guidelines shall be published and provision made for a public hearing sixty days prior to their proposed effective date. As new standards become effective, all programs, even though licensed and/or accredited, must comply with these standards within ninety days of receipt of notification of changes or within ninety days of the effective date, whichever is greater. The North Carolina Drug Commission staff will notify the appropriate programs of the necessary changes by registered mail.

§.0314 Exceptions to Requirements

Requests for exceptions to the criteria and requirements set forth herein shall be submitted to the Director, North Carolina Drug Commission. These requests for exceptions shall be reviewed by the accreditation board for action.

§.0400 ADMINISTRATION OF ALL DRUG PROGRAMS

GOVERNING BODY

§.0401 Program/service must have governing body

Every program/service shall be responsible to a governing body that by law, charter, articles of incorporation, partnership agreement, contract with the local Mental Health Authority pursuant to N.C. General Statutes 122-35.26, and/or other legally recognized manner, has full legal authority and responsibility for the overall operations of the program/service.

(1) *The governing body should be representative of the community that it serves.* Where this is not the case, an advisory body shall be appointed which is representative of the community it serves. The responsible executive shall serve as an ex-officio member of the governing body and/or other advisory groups and committees which may be formed.

(2) *The governing body may either be a profit-making or non-profit organization, or a legally constituted public body. In the case of non-profit corporation, the governing body will be what is defined as the board of directors in the N. C. Non-Profit Corporation Act General Statute Section 55A-2(8).*

(A) The governing body shall, through an annual report, fully disclose the names and addresses of all owners or controlling persons. This full disclosure of owners and controllers is required whether they be individuals, partnerships, corporate bodies or subdivision of other bodies, such as public agencies, or religious, fraternal, or other philanthropic organization.

(B) Where the program/service is under corporate ownership, the names and addresses of officers, directors and principle stockholders, either beneficial or of record, shall be disclosed.

§.0402 Program/services subcontracting from local Mental Health Authorities

In situations where the governing body derives its authority from a contract pursuant to N.C. General Statutes Section 122-35.26, that contract shall make provisions for resolution of any conflicts arising from differences between the standards and guidelines herein and the standards established by the Director of Mental Health Services.

§.0403 Powers and Duties of the Governing Body

The governing body shall adopt written by-laws or policies that define the powers and duties of the governing body, its committees, and the executive director.

(1) The governing body shall define in the by-laws:

(A) The qualifications for governing body membership

(B) The types of governing body memberships

(C) The method of selecting members

(D) The terms of appointment, election, and/or removal of members, officers, and chairpersons of the governing body committees

(E) The minimum frequency of governing body meetings and attendance requirements.

(2) The duties of the governing body shall include, but are not necessarily limited to, the following:
   (A) Appointment of a qualified responsible executive as the official representative of the drug program, along with a formalization of the responsibilities and authority delegated to this position for the overall operation of the program.
   (B) Adoption, review, and revision of by-laws or policies of the program/service. These by-laws or policies shall identify the program/service goals, describe the program/service organizational structure, and define the major lines of authority and areas of responsibility.
   (C) Establishment of effective controls that assure the achievement and maintenance of optimum standards of service delivery.
   (D) Provision of funds, equipment, supplies, staff and a physical plant, as well as other resources appropriate to the goals of the program/service.
   (E) Review and approval of the annual budget to carry out the objectives of the program/service.
   (F) Provision of resources for the regular evaluation of the program/service's performance in meeting its stated goals.

(3) The governing body shall hold meetings at least quarterly. The responsible executive shall serve as the liaison between the governing body and the program staff. Minutes shall be kept of these meetings and shall include:
   (A) Date of the meeting
   (B) Members attending
   (C) Responsible executive's report or other program/service reports
   (D) Decisions reached and actions taken
   (E) Target dates for implementation of recommendations

(4) The governing body shall retain its right to rescind any assignment, referral or delegation of authority and shall not enter into any agreements that would preclude it from exercising the authority required to meet its responsibilities.

PERSONNEL

§.0404 Qualified Personnel

A person employed in his capacity as a professional must be fully qualified according to the standards set by his profession. In addition, all professional personnel must be experienced and/or trained in all therapy methods or management skill techniques or education methods which they employ or supervise.

Paraprofessional personnel must be experienced and/or trained in the drug abuse field or other human service fields. Professional personnel must be available on a regularly structured basis for support of and consultation

with paraprofessional personnel. Orientation and in-service training on a regular basis must be available to all staff. There shall be documentation of such orientation and training that occurs during a given year. *Within the first month of employment, all staff should receive orientation to the program operation, the specific responsibilities of their particular jobs, the program's treatment, education, and prevention philosophies, an overview of the history and current state of drug abuse to include the categories of drug involvement from experimentation to the hard-core dysfunctional, and any other pertinent information. This orientation should be conducted by the director of the program or by a designated and experienced staff member. In-service training should be conducted at least four hours a month for all staff to include staff meetings to handle current problems, continuing education in various skills and/or information relating to respective job responsibilities and the program as a whole and any other appropriate assignments designed to upgrade job knowledge and function. This should be conducted by the director or by a designated staff member supervised by the director.*

§.0405 Volunteers

Many well qualified volunteers are available from the community, and provide additional resources to programs. However, they must be well screened, trained, and supervised appropriate to their assignments.

§.0406 Personnel Policies

Written personnel policies must be available to all personnel and must provide for adequate vacation time and a reasonable number of working hours per week. Programs must have defined, in accordance with governing body policies, comprehensive personnel policies which shall be in compliance with State and Federal personnel regulations which shall include staffing patterns, career ladder, job description, statement of benefits, affirmative action plan, personnel evaluation procedures, defined probationary status, and a defined grievance procedure. Individual personnel files must be maintained by all programs. An evaluation of all personnel must be developed, at least annually, conducted and documented in those personnel files to which the employee has access. *All personnel should be assisted in the areas of weakness discovered via the evaluations. If the inadequate performance does not improve, such personnel may be dismissed from the program.*

CONSULTATION

§.0407 Each program shall provide, through a qualified mental health professional, a minimum of five hours per week of mental health consultation for each 100 patients. The objective of this consultation should be to review selected cases and to provide assistance to the staff in the management of patient services or for the purpose of referral for psychiatric services.

§.0408 Provision for Supportive Services

To the maximum extent possible, programs shall utilize community resources to provide these services. Copies of any agreements for the pro-

vision of such services shall be furnished to the contracting or awarding authority. If any program is unable to obtain any of the requisite supportive services, a formal request to provide such services directly must be made to the project officer for the contract or grant award.

PLANNING

§.0409 Based upon the needs of the target population and the resources available to the program/service, short-term and long-term objectives and goals shall be chosen and documented. The governing body shall specify target population by drug, age, sex, race, and/or by socio-economic status and other factors.

(1) *Objectives and goals should be realistic and attainable,* and shall be stated clearly and operationally defined so that measures of the program/service's performance can be developed.
(2) Each component shall set its own objectives which shall complement overall program/service goals.

§.0410 *The program/service should regularly attempt, either through the use of its own resources or by making use of reports to determine the drug abuse problem in the community it serves. Problem analysis within a community may include identification of drug, age, sex, socio-economic status, and information gathered through the criminal justice system, medical care system, social agencies, hospital admissions, schools, arrests per 100,000 of population, pharmacists, churches, and analysis of feedback from community leaders, epidemiological studies, census reports, and/or information compiled by Federal, State, and/or local planning or regulatory agencies.*

§.0411 Whatever method the program/service finds appropriate to assess community needs, it shall have documentation to show that the assessment was actually undertaken.

§.0412 The program service shall establish written criteria of eligibility for admission and criteria for termination of services. The admission criteria shall specify the drug abuse problems other than alcohol which determine the client eligible for services. Services to a client must be terminated whenever there is evidence that the level of services does not meet the requirements of this part or where legitimate, person to person, services are not provided at least once per month on a regularly scheduled basis.

CLIENT RECORDS

§.0413 Standardization and Organization

(a) There shall be a central records storage area where a copy of the complete case record for each client is located. The information and documents placed in the central case record shall be organized in a standardized manner and affixed to a record jacket.
(b) The program/service shall provide adequate physical facilities for the storage, processing, and handling of case records. These facilities shall include suitably secure rooms and locked files.

(c) Appropriate records shall be readily accessible to those staff members directly providing services to the client and *should be kept in close proximity to the area where the client normally receives services.*

(d) The program/service shall maintain an indexing/referencing system that allows for locating particular case records whenever they are removed from the central file area.

(e) Upon client termination of utilization of program services, the complete case record shall be placed in the central records storage area.

(f) There shall be a list of approved abbreviations and symbols which shall specify which abbreviations and symbols are permitted to appear in client case records or on medical orders. All staff members having access to client records shall be instructed in the appropriate use of this list.

(g) Client case records shall be arranged in such a manner that specific items of information are readily retrievable.

(h) There shall be a mechanism for at least an annual review of all policies and procedures dealing with case records for the purpose of determining whether changes should be made. A record of said review shall be kept that includes the date of the review, recommendations made, and the target dates by which recommended actions are to be met.

(i) The responsible executive shall designate a full time staff member to serve as records manager, whose duties shall include:

(1) Maintaining a central file of client records

(2) Preparing for approval by the responsible executive written policies and procedures governing the compilation, storage, and dissemination of individual client case records. These policies and procedures shall state that:

(A) The case record is the property of the program/service and that the program/service is responsible for safegarding and protecting the case record against loss, tampering, or unauthorized disclosure of information.

(B) A uniform content and format is to be followed.

(C) Entries in the case records are to be signed and dated by the person submitting the entry.

(3) Initiating data collection and recordkeeping forms and procedures developed for the various program/service components.

(4) Periodically reviewing case records to assure that they are current and the staff has been making entries according to the program/service policies.

(5) Notifying staff members of significant deviations from standardized procedures in making case record entries.

(6) Assisting in establishing criteria for orienting and/or training staff members in the use of case records.

(7) Maintaining the confidentiality of client case records, as outlined in Section .0416 (e) (6).

(8) Advising the administration on matters dealing with manage-

ment, funding, budget preparation, and personnel practices related to records management.

(9) The records manager shall have available a list of the names and titles of all staff members who have been authorized by the various treatment and rehabilitation component coordinators to make entries in the case records.

(10) The records manager shall be provided with sufficient additional staff, when indicated, to assure prompt filing, updating, and processing of client case records. Records staff shall be adequately trained in the program/service's recordkeeping procedures. They shall also be trained in the maintenance of client confidentiality, particularly on how to handle outside requests for information on clients.

(11) The records manager shall have basic knowledge of terms commonly used by the various treatment and rehabilitation components and familiarity with all Federal, State and local laws and regulations, the standards herein, and program/service policies concerning client data records.

(12) *When a program/service participates in a local, regional, State or Federal computerized data collection process for the purpose of evaluation, funding, research, etc., the records manager should develop a basic understanding of such process, including the intended use of the information, cross referencing between agencies, etc. Through such an understanding, the records manager may be aware of advantages of such processes and potential inadvertent disclosure of information pertaining to specific clients.*

§.0414 Protection

(a) All staff members who, because of their association with the program/service, have access to, knowledge of, and/or possession of any information pertaining to present or former applicants or clients of the program/service, shall abide by the relevant standards for confidentiality herein, as well as Federal, State and local regulations as applicable pertaining to confidentiality of records, especially release of information by informed consent and shall sign a statement accordingly.

(b) When a program/service stores client data on magnetic tape, computer files, or other types of automated information systems, the program/service shall insure that protective procedures appropriate to said information systems will prevent inadvertent or unauthorized accessibility to data files.

(c) There shall be a written policy governing the disposal of case records; however, client case records shall be maintained in a locked file area separate from active files for at least five years from the date the records are officially closed.

(d) Clients shall be informed of program confidentiality policies.

§.0415 General Requirements for Hot Lines, Rap Houses, Crisis Centers

Services offered by hot lines, rap houses and crisis centers are short-term services. Short-term services extend up to thirty days.

At the end of this thirty days, a referral decision will be made. These services have limited goals of resolving immediate presenting problems. Any form used by the program for evaluation, staff information, etc., may be utilized as the recordkeeping form provided that it meets the following minimun standards:

(1) The record of contact must include the date, time and duration of contact.

(2) The record of contact must include the sex of client.

(3) The record of contact must include the name(s) of the counselor(s).

(4) The record of contact must include a statement of the nature of the problem. *The client record should include information dealing with significant medical or psychological problems. This should be placed in a readily visible part of the client record.*

(5) The record of contact must include any referrals initiated and the manner in which they were initiated. This information must include the following:
   (A) Name of the service/agency
   (B) Date of referral
   (C) Staff member making the referral

(6) The record of contact must include statement of final disposition of client services, as appropriate.

(7) The record of contact must include a statement of follow-up initiated, if any, and results found.

(8) Short-term client records shall be maintained within the facility for a minimum of five years. They shall be kept in a locked file.

(9) Access to records of contact — both active and inactive — shall be limited to appropriate staff as designated by the responsible executive.

(10) Information found in the records of contact shall be considered confidential and shall be released only on the conditions set forth in the appropriate State and Federal regulations.

(11) A written plan including time expectations for meeting goals in utilization of services must be included in the client's record.

(12) The client record must include a record of all contacts made within the program and must include all information found on a record of contact.

(13) The client record must include a means of identifying the client. (A separate file which includes client identifier and corresponding names and addresses, when available, shall be maintained. Only the responsible executive and/or his designee(s) shall have access to this file.)

(14) Consent forms to request information must contain all information required for release of information plus the signature of the individual receiving the reports.

(15) Clients shall be notified that transfer of information for statistical purposes to or from mental health agency which formally contracts for services from the program is or may be taking place. When an actual referral for services takes place, a consent form shall be signed.

§.0416 Records Management and Recordkeeping Procedures for Treatment Services

(a) A list cross-referencing all client identifying numbers with client names shall be kept in a locked place separate from all client records. This list shall be available to only the records manager or his designee and the responsible executive.

(b) *Forms which contain the client's name or means of identifying the client should be kept in a separate portion of the case record from those forms using the client identifying number as a means of identifying the client.* Such forms or portions of the case record shall be available to only those staff members for whom this information is pertinent to their treatment of the client.

(c) Information released to individuals whether employees or not of the program/service shall conform to State and Federal regulations concerning confidentiality of client records, as appropriate.

(d) Client records shall be subdivided. *They should be divided, using tabbed divider sheets or similar means of division into the following sections:*

(1) *Intake*
(2) *Medical Information for General Staff use*
(3) *All other Medical Data*
(4) *Treatment Plan and Evaluation*
(5) *Therapist Notes*
(6) *Release Forms/Special Reports*
(7) *Supportive Information*

(e) All client case records shall include as a minimum the following:

(1) Intake records which shall consist of:

(A) Intake interview form which shall include personal, medical and drug history. This history shall be maintained and kept up to date.

(B) Name of next of kin and emergency phone number.

(C) Client/program contract shall state the awareness of the client to procedures, rules and regulations of the program/service component(s) in which the client will be participating. This must be dated and signed by the client and responsible staff member prior to the client's entry into the actual treatment process.

(D) Client/program contact

(E) Mental Health Form B when required

(F) Any other information obtained or forms completed as part of the admissions procedure.

(2) Medical information for staff use shall include:

(A) Report of physical and laboratory examination and medical notes to include an indication of pertinent medical data (e.g. pregnancy, epilepsy, diabetes or other medical information which should be brought to the attention of the program staff member) and pertinent medication being taken by prescription.

(B) Release or consent forms to be signed as necessary by client or guardian for treatment, examination, etc.

(C) Any urinalysis reports on a client shall include minimum requirements for collection, dates of specimens obtained, date of specimens sent to lab for testing, information requested from specimen test, dates specimen results returned, results of specimens tested and signature of staff member recording and noting results.

(D) When applicable, the case record must include a consolidated form of urine reports which may be released only as set forth in these standards and guidelines.

(3) Medical data other than that previously listed shall be kept in a separate portion of the client case record and may be released only under those conditions set forth within these standards.

(A) When appropriate, methadone detoxification, maintenance and methadone treatment shall include as a minimum those forms and all information required by Federal, State and local law.

(B) When applicable, there shall be a record of methadone detoxification which must include beginning date and anticipated ending date. This shall be kept in a separate portion of the case record and may be released only as set forth in these standards.

(C) It shall be the responsibility of the medical person to update the medical information for general use with new pertinent medical data.

(4) Client case record must include the following treatment plan and evaluation:

(A) The formal treatment plan shall include as a minimum:

(i) Client name
(ii) Date of acceptance
(iii) Program assignment/primary therapist
(iv) Beginning date of participation
(v) Nature of involvement (days, hours); service to be offered
(vi) Short term goals
(vii) Long range goals
(viii) List of individuals involved in the development of the treatment plan

(B) Monthly progress evaluations shall include as a minimum:
(i) Attendance reports
(ii) Clinical staff reports on client status within the program
(iii) Comments on change of environmental status (job, residence, legal, other)
(vi) Recommendations for further particpation
(v) Date of next review
(vi) Changes made to treatment plan
(vii) A discharge summation which shall contain as a minimum:
1. All information required on the discharge report
2. Evaluation of client status by primary therapist
3. *Projected needs of client and recommendation for follow-up support, referral, treatment, etc.*

(5) Each case record must include all clinical and therapist notes for counseling and/or group sessions to consist of comments about participation, progress, problems, attendance with reasons for absence. Such notes must be kept in a separate section and may be released as set forth in these standards. *Clinical notes should be prepared on a weekly basis to facilitate monthly evaluations and reviews.*

(6) All programs funded in part or in whole with Federal funds shall conform to the rules of confidentiality set forth in the July 1, 1975 Federal Register and any future rules or regulations promulgated by the Federal government. All programs funded with State funds shall conform to Section 122-8.1 of the North Carolina Code and such rules governing confidentiality as the State may issue in the future.

(7) Each client case record must include a section for release forms and special reports which shall be kept separate and may be released only as set forth herein.
(A) Prior to releasing any client information there must be in the file a release form which shall include:
(i) Name of organization to receive information
(ii) Name of individual to receive information
(iii) Address of individual to receive information
(iv) Specific data to be released
(v) Purpose for releasing data
(vi) Signature of client or guardian
(vii) Date signed
(viii) Witness **(Staff not volunteer member)**
(ix) Signature of individual releasing report
(B) Consent forms to request information must include all of the information required in the release form plus the signature of the individual receiving the reports. Clients shall be notified that transfer of information for statistical purposes to or from

a mental health agency which formally contracts for services from the program is or may be taking place. Where an actual referral for services takes place, a consent form shall be signed.

(C) Special reports shall include reports received or released during the course of treatment or any other pertinent data not classified elsewhere. Such reports must include the signatures of the individual sending the report and the individual receiving the report. Pertinent information must be noted in appropriate sections of the file such as medical data, progress reports, discharge summary, etc.

(8) Any of the following information not included in the intake section shall be included in the supportive information section which must be kept separate and may be released only as set forth herein. Reference to such reports or a summation of the same must be included in the monthly progress evaluation under comments.

(A) Job history shall include information on employment history, present employment, vocational counseling and/or future plans.

(B) Educational history shall include educational level, current educational counseling and/or future plans.

(C) Housing, financial, legal, family, other shall include summary or detailed reports as necessary regarding current status, needs, steps being taken to meet needs.

PROGRAM RECORDKEEPING

§.0417 For the purpose of ease of reporting, the program/service shall maintain information in the following areas:

(1) Applicants for admission to include number accepted and rejected.

(2) Number of group and individual sessions scheduled and conducted.

(3) Legal, educational and employment status of client.

(4) Urine results to include number run, number of positive urines.

(5) Number of physical examinations performed.

It is further recommended that this type of information which does not require identification of clients, be maintained through the use of reporting forms to be utilized on a weekly or monthly basis by those persons responsible for such service/information. Completed statistical reports should be submitted to the person designated for reporting.

(6) Other reports which may be required.

§.0418 Education/prevention programs, units or services shall be responsible for maintaining the following information on their activities.

Workshops, seminars, speaking engagements shall include:

(1) Name of organization/group involved

(2) Date(s), time(s), number of hours involved

(3) Responsible staff member(s)

(4) Number of persons involved
(5) Techniques utilized
(6) Topic(s) covered with summation of material
(7) Group reaction
(8) Future contact requested/planned
(9) Evaluation

REFERRALS

§.0419 *A program/service may enter into both formal and informal agreements with outside resources which are able to provide services to clients.*

§.0420 Where a program/service uses outside resources, there shall be a list of approved resources, which shall be a compilation of all resources willing and able to provide services to program services to program/service clients. The outside resources shall be approved by the responsible executive. The list of approved resources shall be updated semiannually and shall contain sufficient detail to allow a staff member making a referral to determine:

(1) The name and location of the resource
(2) The type of service the resource is able to provide
(3) The individuals to be contacted in making a referral to the resource
(4) The resource's criteria for determining an individual's eligibility for its services
(5) The type of follow-up information that can be expected from the resource and how this information is to be received.

§.0421 Formal agreements with outside resources shall include, but not be limited to, concise statements of:

(1) The services the resource will provide
(2) The unit cost for these services, if applicable
(3) The duration of the agreement and a termination clause
(4) The maximum number of services available during the duration of the agreement
(5) The procedures to be followed in making referrals to the resource
(6) The willingness of the resource to abide by Federal, State and local law and program/service standards dealing with confidentiality of client information
(7) The method by which the program/service will receive the results of laboratory, psychological or other tests, physical, psychiatric and/or neurological examination, medical records, progress notes or other client information
(8) To what degree, if any, the program/service and the outside resource will share responsibility for client care

§.0422 Where these standards specifically require that a program/service establish or attempt to establish relationships with outside resources, there shall be documentation that such relationships have been established or attempted. This documentation shall be in the form of written contracts, letters of agreement, written correspondence or diaries of contacts made.

§.0423 *Referrals should be made only to those outside resources appearing on the list of approved resources. When referrals are made to non-approved resources it is recommended that the staff member making the referral document in the client's case record the reasons for making such referral.*

§.0424 *If possible, the program/service should refer clients to resources that have knowledge of and experience with drug abusing individuals.*

COMMUNITY RELATIONS

§.0425 Programs shall disseminate information regarding their services to all levels of the community, including parents, civic groups, law enforcement, youth groups, judiciary, school officials and other professional groups and agencies.

§.0426 *In order to insure understanding and cooperation of the community when initiating a program/service in that community, appropriate groundwork and consideration for established residents should be observed.* A presentation shall be made to local government and/or other appropriate agencies explaining the structure and responsibilities of the proposed program/service. Ongoing communication, planning and coordination of services among community agencies shall occur.

§.0427 *The responsible executive should communicate regularly with his community at large through mass media, speakers bureau, workshops, etc.*

PROGRAM EVALUATIONS: GENERAL REQUIREMENTS

§.0428 There shall be evaluation procedures that will allow the governing body and the staff involved in planning and management to measure the progress being made in reaching the program/service's stated objectives and goals.

§.0429 A data collection and recordkeeping system shall be developed that allows for the efficient retrieval of data needed to measure the program/service's performance.

§.0430 An evaluation report on the progress of the program/service in meeting its objectives and goals shall be prepared and distributed to the governing body and appropriate staff on a continuing basis with an annual report made prior to the preparation of the annual budget.

§.0431 The governing body, responsible executive and, where applicable, the treatment and rehabilitation committee shall review all evaluation reports and, when appropriate, make recommendations for changes in the program/service's operations.

§.0432 There shall be documentation that indicates that the evaluation reports have been distributed and reviewed.

§.0433 *Evaluation reports should be primarily oriented toward the presentation of data and information in a readily understandable manner that will be useful to staff who serve in management and decision-making capacities.*

FISCAL MANAGEMENT

§.0434 Each year, there shall be prepared a formal, written budget of expended revenues and expenses.

§.0435 The budget shall be developed with the participation of the appropriate treatment and/or education and administrative staff.

§.0436 The budget shall categorize revenues by source and expenses by components and/or services.

§.0437 This annual budget shall be reviewed and approved by the governing body and designated funding sources prior to the beginning of each fiscal year of operation. Revisions of the budget during the fiscal year of operation shall be reviewed by the governing body or by an authority designated to do so by the governing body and appropriate funding sources and said revision shall be approved by same.

§.0438 There shall be a fiscal management system permitting the application of cost accounting procedures. Where there is a cost accounting procedure:

(1) The cost accounting procedures shall produce information that reflects the fiscal experience and current financial position of the program/service.

(2) The cost accounting procedure shall have the capacity to determine the direct and indirect costs attributable to each component of the program/service.

(3) Within the cost accounting procedure, documentation shall be provided that describes the mechanism used to determine the basis for allocating costs.

§.0439 Where clients are charged for services, there shall be a written fee schedule. The rate and charge policies shall be approved by the governing body. This fee schedule shall be readily accessible to clients.

§.0440 There shall be a reporting mechanism that provides information regarding the fiscal performance of the program/service which:

(1) Shall show the relationship of budget and actual experience, including both revenues and expenses by category;

(2) *Should include, based upon the cost accounting system, such information as cost per unit of service, cost per diem or cost per client stay, whichever the program/service finds appropriate.*

§.0441 Where a program/service has more than one source of funds, there shall be reports for each individual funding source, as well as a consolidated statement showing total receipts and expenditures.

§.0442 There shall be an audit of the financial operations of the program/service performed by an independent public accountant at least annually. In case of government operated organizations, this audit shall be performed in accordance with regulations promulgated by the responsible government agency. Reports of such audits shall be reviewed and approved by the governing body.

§.0443 There shall be written policies and procedures for the control of accounts receivable, for handling cash, for credit arrangements and for discount, write-offs and billings.

It is recommended that there be an insurance program that provides for the protection of the physical and financial resources of the program/service, that provides coverage of the buildings and equipment and that provides comprehensive liability insurance covering the governing body and staff.

§.0444 Records shall be maintained as documentary evidence of compliance with established fiscal policies and procedures.

PHYSICAL, LABORATORY AND URINALYSIS REQUIREMENTS

§.0445 Purpose and Applicability

All treatment programs including central intake units, out-patient, day/night care, residential, and methadone shall develop procedures for administration of physicals and laboratory examinations on all clients and urine screening as appropriate.

§.0446 Physical and Laboratory Examination

The physical and laboratory examination shall be administered by qualified personnel as soon as practicable but not later than 21 days after admission of client. When special circumstances warrant an exception to the required physical and laboratory examination, a request for exception may be made in accordance with §.0314 of these Standards and Guidelines.

§.0447 Minimum Standards for Physical and Laboratory Examination

The physical and laboratory examination of each patient shall include:

(1) Investigation of the possibility of infectious disease, pulmonary, liver, cardiac abnormalities, dermatologic sequelae of addiction and possible concurrent surgical problems;
(2) Complete blood count and differential;
(3) Serological test for syphillis;
(4) Routine and mircoscopic urinalysis;
(5) Urine screening for drugs (toxicology);
(6) Multiphasic chemistry profile;
(7) Chest x-ray
(8) Australian antigen [HbAg testing (HAA testing)] as appropriate, and
(9) EKG and biological tests for pregnancy, as appropriate.

§.0448 Urinalysis

The system of urinalysis is utilized by the North Carolina drug programs as an objective evaluation tool to indicate the use of drugs. Urinalysis data is

viewed as one part of the total process of assessing behavior, performance and progress. The results of random urinalysis reports are used to measure the program's effectiveness in helping clients and not as a means of establishing repressive action.

The following services are to be provided in accordance to and within the limits of the State Urinalysis Laboratory supported by the North Carolina Drug Commission. All laboratories whose services are utilized for urine testing must comply with all existing and future State and Federal proficiency testing and licensing programs.

§.0449 Client Urinalysis Procedures

(a) Urinalysis shall be performed during the initial intake procedure for clients entering day/night centers, residential treatment centers, and methadone treatment centers. Such urinalysis shall be taken under staff observation. Urine specimens must be analyzed for morphine, methadone, cocaine, codeine, amphetamines, barbiturates, as well as other drugs if indicated.

(b) Urinalysis for regular surveillance of all clients of methadone treatment centers shall be taken at random and under staff observation. Urine specimens must be analyzed weekly for opiates and monthly for methadone, amphetamines, barbiturates, as well as other drugs as indicated.

(c) Urinalysis for regular surveillance of all clients of day/night centers and residential treatment centers shall be taken at random and under staff observation. Urine specimens must be analyzed at least monthly for opiates, methadone, amphetamines, barbiturates, as well as other drugs as indicated. *More frequent testing should occur when clinically indicated.*

(d) If out-patient or crisis centers utilized urinalysis, urine collections shall be taken at random and always under appropriate observation. Urine specimens shall be analyzed for opiates, methadone, amphetamines, barbiturates, as well as other drugs as indicated.

(e) Use of laboratory analysis, program and medical directors electing to rely on the results of presumptive urinalysis for patient management must demonstrate reasonable access to definitive qualitative laboratory analysis for use when necessary, e.g., criminal justice system records, intake urine testing on all prospective methadone clients, any loss of patient privileges based on urinalysis results, and any frequency of use of other drugs not detectable by a screening method.

§.0500 PRIMARY PREVENTION/DRUG EDUCATION STANDARDS

GENERALLY

§.0501 Primary prevention/drug education shall reflect affective educational techniques which necessitate an experimental and experiential approach to education. The methodology shall be of a positive nature which provides for the acceptance of the individual and his needs, encourages his personal growth and leads to the development of appropriate coping skills.

§.0502 Description of Primary Prevention/Drug Education

Primary prevention/drug education is a process through which the individual better understands himself, how he can relate effectively to others, how he can cope with problems and effectively develop skills to deal with life situations without abusing chemical substances.

PLANNING

§.0503 Each primary prevention program shall have a program plan which includes:

(1) The goals and objectives of the program
(2) Defined target groups
(3) Designated personnel for program implementation
(4) Program content
(5) Methodology to be used
(6) Evaluation procedures

CONTENT/METHODOLOGY

§.0504 Primary prevention programs shall be capable of providing information and/or experiences in the following areas:

(1) Personal and interpersonal growth skills which may include:
  (A) Communication skills
  (B) Problem-solving skills
  (C) Valuing skills
  (D) Decision-making skills
  (E) Goal setting skills, etc.
(2) Drug-specific information
(3) Awareness of alternatives to drug abuse

Programs shall employ primarily a variety of appropriate methods which must include, but not limited to, experienced-based learning and small group interaction. Secondary methods may include didactic lecture and the use of audio-visual materials.

The focus of primary prevention programs shall be on personal and interpersonal growth skills and must avoid the following:

(A) Focusing only on drug-specific instruction
(B) Using instructional materials based on fear
(C) Stereotyping people or situations

(D) Presenting a narrow definition of drug problems
(E) Presenting overly simplistic solutions to drug problems
(F) Concentrating drug education into short blocks of time
(G) Emphasizing that drugs are segregated from life experience and are for some reason mysterious and special
(H) Serving only public relations functions
(I) Using lecture as the only method of teaching
(J) Basing presentations on drug-taking testimonials
(K) Using audio-visual materials without appropriate introduction and follow-up discussion

EVALUATION

§.0505 There shall be two types of evaluation of primary prevention programs:

(1) Evaluation based on the above standards
(2) Evaluation based on the program's stated goals and objectives which shall be negotiable from year to year. This evaluation must realistically reflect the size and capacity of the program to evaluate its effectiveness.

§.0600 HOT LINES, RAP HOUSES, CRISIS CENTERS

§.0601 Screening of Volunteers

(a) An appropriately designated individual or group shall screen all volunteers. Each volunteer member shall have an application on file which would include basic background information and reasons for working with the program. These applications are to be in compliance with local, State and Federal personnel regulations.

(b) Each volunteer applicant shall be interviewed by the designated group or individual.

(c) *Considerations when screening should be emotional stability of the applicant, maturity, demonstrations of adequate communication skills (listening, feedback, etc.).*

§.0602 Training of Volunteers

(a) Training shall be conducted according to a planned written curriculum.

(b) Training must be geared to attain competency in skills needed to provide services outlined under the standards for that particular center and each trainee shall receive close supervision. Each volunteer shall receive a minimum of 18 hours of training.

(c) There shall be utilization of such techniques as role playing.

(d) New volunteers shall serve a minimum of 24 hours internship under the supervision of an experienced staff member.

§.0603 Evaluation

(a) Evaluation must be a clearly designated responsibility of an appropriate individual or group.

(b) Evaluation must occur at the end of the initial training period and periodically after training.

(c) Evaluation must include the following:

(1) Knowledge of resources and referrals, ability to make the most appropriate referral.

(2) Ability to establish rapport and trust with the clients

(3) Knowledge of specific drug effects with the drug related problems

(4) Dependability regarding rules, regardless of personal opinion about them

(5) Emergency medical skills

(6) Counseling techniques

(7) Willingness to learn or enhance skills as opportunity arises

(d) Each volunteer must be assisted in those areas of weakness discovered through the periodic evaluation.

(e) *Evaluation should stress positive feedback and constructive criticism.*

SERVICES OF HOT LINES

§.0604 Description: A hot line is a telephone counseling service providing short-term supportive counseling and referral, telephone crisis intervention

and information. A hot line is not permitted to do face-to-face counseling unless also certified as a rap house or crisis center.

§.0605 Drug Identification and Information:

(a) Reference material will be kept on hand and volunteers will be trained in the use of this material. Each program director shall consult with the appropriate local and State authorities (North Carolina Drug Commission, law enforcement, medical personnel, pharmacist, etc.) in the selection and updating of these materials.

(b) There shall be periodic review and dissemination to staff and to appropriate related agencies of information concerning available illicit drugs in the program catchment area.

§.0606 Telephone Counseling Services

(a) When the center is open there must be a trained person present who is designated to be responsible.

(b) *The center should work toward 24-hour telephone counseling capability when resources are available and the need is present.*

(c) Although telephone clients often remain anonymous, follow-up on telephone services shall be attempted where feasible.

(d) Prearranged resources must be available to assist with handling presenting emergency medical problems.

(e) There shall be an attempt to obtain emergency psychological backup resources.

(f) It shall be the responsibility of the program to offer consultation regarding drug-related problems to local emergency backup.

§.0607 Referral Services

(a) See Administration, Section .0419 through .0424

(b) *The center should attempt to provide client advocacy to external support systems.*

(c) The center shall do follow-up when referring to other agencies or components.

SERVICES OF RAP HOUSES

§.0608 Description: A rap house is a walk-in facility offering hot line services and short-term supportive services to groups and individuals.

§.0609 A rap house shall comply with the standards set forth for hot lines.

§.0610 Face-To-Face Counseling Services

(a) When the center is open, there must be a trained person who is designated to be responsible.

(b) Prearranged resources must be available to assist with handling presenting medical and/or psychological problems. By law the area mental health centers with Federal staffing grants are required to provide 24-hour emergency services. If the area mental health center does not have a staffing grant, the State mental health hospitals are required to provide these services.

(c) Although rap houses do not hold themselves out as offering crisis services, the staff shall be trained in the most basic first-aid skills and will, when necessary, utilize only these basic skills in the process of obtaining futher emergency medical care.
(d) The center must have the capacity of providing individual counseling *and may have the capability of group counseling.*
(e) *The center should offer supportive services.*
(f) The center shall offer follow-up services when feasible.

§.0611 *Positive Alternative Highs to Drug Abuse*

The center should develop alternative high programs that are appropriate for the particular community when these services are offered.

There shall be individuals available who are trained and/or experienced in the supervision or implementation of the activities.

§.0612 *Coordination of Emergency Temporary Housing*

The center should develop resources for emergency temporary housing with an appropriate listing for same.

SERVICES OF CRISIS CENTERS

§.0613 Description: A crisis center is a facility offering all services of both rap houses and hot lines plus the ability to do off-site counseling and crisis intervention.

§.0614 A crisis center shall comply with the standards as set forth for hot lines and rap houses.

§.0615 Crisis Intervention Services

(a) When the center is open, a staff member trained in the psychological and physiological aspects of crisis intervention and first-aid will be in charge.
(b) There shall be a provision for follow-up counseling services when feasible.
(c) In medical crisis situations, emergency medical care must be coordinated with available local professionals and emergency room facilities. Staff shall be trained in the most basic first-aid skills and will utilize only these basic skills in the process of obtaining further emergency medical care.
(d) Local regulations governing emergency transportation services shall be observed when the center contacts such a service.
(e) A formal agreement with local emergency care services shall be obtained if possible.

§.0616 Outreach Services — may be a program in and of itself or may be a service of a program.

(a) Outreach as a separate program will have a formal agreement with a certified drug program.
(b) *The center should utilize creative publicity such as public media, bumper stickers, posters, etc., to aid in disseminating program information.*

(c) The center shall have an outreach service or component tailored to the needs of each particular community.
(d) The center shall be aware of the changing patterns of drug abuse in the community.
(e) The major thrust of outreach shall be to attract clients into the program.
(f) *The center should identify liaisons within the problem areas in community.*

§.0617 Preventive Education Services

Preventive education shall be conducted according to the appropriate standards for drug education.

§.0618 Off-Site Crisis Services

(a) *The center may have off-site crisis capability for emergency aid to individuals.*
(b) All crisis centers which elect to conduct off-site services shall:
  (1) Require that personnel be appropriately trained in the services that they render.
  (2) Conform to any State or local laws or regulations concerning the services which they are rendering
  (3) Utilize the team approach
  (4) Equip their personnel with clear identification
(c) *All crisis centers which elect to conduct off-site services should provide the following insurance for off-site personnel:*
  (1) *professional liability coverage when appropriate.*
  (2) *ordinary liability coverage (stationary or mobile).*

§.0700 CENTRAL INTAKE

DESCRIPTION

§.0701 Central intake is a centralized facility which is responsible for the initial screening, evaluation, diagnosis and orientation of a client for purposes of referral to an appropriate modality for drug abuse treatment.

§.0702 The Standards and Guidelines for central intake do not apply to those general intake procedures which occur in other components at the outset of treatment.

CLIENT EVALUATION SERVICES

§.0703 All applicants for drug treatment services shall be initially screened to determine whether they have drug related problems.

(1) Only those applicants who have drug-related problems shall be referred to drug treatment programs.
(2) *Those applicants who do not have drug-related problems should be referred to other appropriate services.*
(3) There shall be written admission and discharge criteria.

§.0704 All candidates for drug treatment services shall be provided an individual evaluation by qualified personnel which shall review their complete personal, medical and drug history.

(1) This history shall include client's social, economic, and family background, his education and vocational achievements, his past drug usage including prior treatment and any record of past criminal conduct.
(2) *A psychological evaluation or a mental status examination should be conducted, as appropriate and where resources are available.*

§.0705 A summary of this evaluation shall be prepared which specifies the client's immediate and longer-range treatment needs.

§.0706 Based on this summary, a selection of program/services shall occur in a case conference or by reference to written disposition guidelines developed internally. *This selection should be discussed with the client and a treatment plan developed by mutual agreement.* The CIU program shall establish and provide the contracting or awarding agency with documentary evidence of formal agreements with community based drug abuse treatment programs. Such documentary evidence shall include the treatment program's agreement to utilize the CIU for patient intake functions. *The agreement should also provide for the acceptance of only those patients who have been processed through the CIU.*

(1) Orientation of patients with particular instructions on the available treatment options and the specific treatment program recommended to meet the needs of the patient;
(2) Consideration and determination of the most appropriate method to be followed for referral to treatment;

(3) The negotiation of an agreement with the patient covering the terms and conditions of referral to treatment; and
(4) Subject to approval by Federal and State project representatives, establishment of standards for meeting the needs of patients referred to CIU for rescreening and for referral to a modality or program determined to be more suitable for their needs.

§.0707 The selection of an alternative or secondary program/service shall be accomplished at the same time the selection of the primary program/service occurs.

CLIENT REFERRAL SERVICES

§.0708 A copy of the evaluation summary shall be forwarded to the program/service to which the client is referred for treatment. *The summary should arrive no later than the client's initial visit to the treatment site.*

§.0709 The client shall be provided the following information regarding the program/service to which he is referred:
(1) Name of program, street address and telephone number
(2) Date and time of his initial visit
(3) Name of position title of person to whom he is to report
(4) Nature of the program

§.0710 *Provisions for initial transportation should be made when the client is unable to supply his own transportation to the program.*
(1) The initial decision and rationale of the treatment program to accept or reject the client for treatment shall be documented in the client's file.
(2) If the client refuses or is refused treatment at the primary program, he shall be referred to an alternate program.
(3) *Copies of the following documents or their equivalents should be obtained from the client's treatment program and placed in a central file:*
(A) *The individual treatment plan, including all reviews or subsequent modifications of it.*
(B) *The client's discharge and aftercare summary, including the client's permanent address at the time of discharge.*

§.0711 The program shall adopt such procedures that will insure against duplication of the intake process at other service components.

DATA COLLECTION SERVICES

§.0712 Central intake shall maintain centralized files of all clients treated by affiliated drug programs within its primary catchment area. Each client's file shall contain copies of the following documents:
(1) The pre-treatment evaluation summary.
(2) The individual treatment plan, including all reviews or subsequent modifications of it.

(3) The client's discharge and aftercare summary, including the client's permanent address at the time of discharge.

§.0713 Central intake shall provide data collection coordination and technical assistance to all affiliated drug programs in its primary catchment area.

CONSULTATION SERVICES

§.0714 Central intake shall maintain and provide updated information on all drug programs and all other related human services within its primary catchment area for all persons, groups, and agencies who may seek such information.

§.0715 *Information on drug programs should include the following:*

(1) *Program name, address and telephone number*
(2) *Program philosophy and/or goals*
(3) *Services offered*
(4) *Average length of treatment*
(5) *Staffing pattern*
(6) *Target population and/or criteria for admission*
(7) *Fees*

§.0716 Procedures for Urine Surveillance

Urine specimen shall be obtained by CIU from each patient under appropriate supervision. The specimens must be analyzed for morphine, methadone, codeine, amphetamines, barbiturates, as well as other drugs if indicated. Laboratories which are used for urine testing must comply with applicable Federal proficiency testing and licensing standards and all State standards in conformity therewith.

MEDICAL SERVICES

§.0717 Each central intake shall designate a medical director who must assume responsibility for the administration of all medical services performed by the program. Such medical director must be licensed to practice medicine in North Carolina.

(1) The program shall have provisions for medical emergencies. The medical director shall be responsible for determining what equipment and supplies are needed for dealing with such emergencies.
(2) Each program shall have a written agreement with a licensed hospital for the purposes of providing medical services, when needed.
(3) Each grantee or contractor shall for those patients receiving prescription medication through the program establish procedures under which consultation with the medical director or other program physician will be provided, at a minimum, once in every four week period or more frequently depending upon the needs of the patient.
(4) Medical services which are not directly related to the provision of drug abuse treatment services are not reimbursable under Federal

contracts or grants. To the extent praticable, however, each program should arrange for the provision of such services.

HOURS OF OPERATION

§.0718 The program shall be open at least eight hours each day, five days per week.

§.0800 OUTPATIENT

CLIENT INTAKE SERVICES

§.0801 All applicants for drug treatment services shall be initially screened to determine eligibility for admission. Outpatient services shall conform to standards set forth in §.0700 Central Intake. When available, the central intake shall be utilized.

TREATMENT SERVICES

§.0802 Immediately following admission into the program and prior to the initiation of treatment, there shall be prepared for each client a written individual treatment plan.

§.0803 This treatment plan shall reflect consideration of the client intake evaluation summary, the client's stated needs and goals, and the staff's recommended treatment priorities for the client.

§.0804 This treatment plan shall specify the services, activities and programs in which the client is to participate, the expected length of his involvement with each and the goal or criterion for the successful completion of each. These activities shall include individual, group and family counseling as well as other structured activities.

§.0805 *It is strongly recommended that the client be furnished a copy of the treatment plan.*

§.0806 The treatment plan shall be reviewed by the staff and the client at least every thirty days. Changes or modifications of the plan which may be made shall be in written form and a copy should be furnished the client.

§.0807 At the completion of treatment there shall be prepared for each client a discharge and aftercare summary. This summary shall specify the following: The reason for terminating treatment, the beginning and ending dates of treatment, the extent to which the goals and criteria specified in the individual treatment plan were attained, the aftercare plans formulated with the client for the 12 months and the client's permanent address.

§.0808 Follow-up and aftercare services shall be available at the clinic.

§.0809 *Group and/or individual counseling should be provided to family members whether or not the prospective client enters the program/service.*

CLIENT REFERRAL SERVICES

§.0810 The program shall develop written procedures for making referrals.

§.0811 A copy of the evaluation summary shall be forwarded to appropriate outside agencies or programs to which the client is referred for additional treatment.

The summary should arrive no later than the client's initial visit to the agency or program site.

§.0812 The client shall be provided the following information regarding the outside agencies or programs to which he is referred.

(1) Name of program, street address and telephone number
(2) Date and time of his initial visit
(3) Name or position title of person to whom he is to report
(4) Nature of the program

§.0813 *Provisions for initial transportation should be made when the client is unable to supply his own transportation to outside programs or agencies.*

§.0814 The initial decision of the outside agency or program to accept or reject the client for service shall be documented in the client's file.

§.0815 Copies of the following documents shall be required from the outside agency or program.

(1) A disposition summary and/or an individual treatment plan including all reviews or subsequent modifications of it.
(2) The equivalent of a discharge summary.

CONSULTATION SERVICES

§.0816 Outpatient services shall maintain and provide updated information on all drug programs and all other related human services within its primary catchment area for all persons, groups and agencies who may seek such information.

§.0817 *Information on drug programs should include the following:*

(1) *Program name, address, and telephone number*
(2) *Program philosophy and/or goals*
(3) *Services offered*
(4) *Average length of treatment*
(5) *Staffing pattern*
(6) *Target population and/or criteria for admission*
(7) *Fees*

HOURS OF OPERATION

§.0818 Provisions for Hours of Operation Shall Be Established.

A reasonable effort should be made to adjust the hours of program to meet client needs. Consideration should be given to employment hours of clients. The program shall provide services at least six days per week. Services provided on at least five of these days shall be a minimum of eight hours. At least two of these hours shall be scheduled at a time other than the 8:00 a.m. to 5:00 p.m. day. Services on the sixth day shall be minimum of five hours.

COUNSELING

§.0819 All counseling services shall be performed by trained personnel under the supervision of a qualified professional, utilizing the individual, family, or group counseling technique which best meets the needs of patients.

§.0820 The program shall make available a minimum of three hours of formalized counseling per week for each client admitted to the program.

SUPPORTIVE SERVICES

§.0821 The program shall assure provision of services supportive of the treatment process, as set forth in Section .0408. The following shall be made available:

(1) Educational
(2) Vocational counseling and training
(3) Job development and placement
(4) Legal services

§.0822 *All patients enrolled in outpatient treatment should be encouraged to participate in educational or job training program or to obtain gainful employment as soon as appropriate but not later than 120 days from the date of enrollment. In the case of patients enrolled in residential programs, such patients should be encouraged to participate in one of such programs or to obtain gainful employment within sixty days from the date of admission. All efforts toward either of these objectives and the results derived therefrom must be noted in the patient's treatment plan and notes of his progress. If, for any reason, a patient is not encouraged to pursue one of these alternatives, the reasons therefore also shall be recorded in the patient's records.*

§.0900 DAY/NIGHT PROGRAM

§.0901 A day/night program is a non-residential center which provides services to clients on a frequent and regularly scheduled basis.

§.0902 A day/night program shall conform to all standards listed in §.0700 and .0800 with the following modifications:

(1) The program shall provide services at least five days per week, ten hours per day. *Services provided for the remaining two days should be scheduled to accomodate the needs of the clients.*
(2) The client shall be required to participate at least four days per week.
(3) The program shall make available a minimum of 10 hours of formalized counseling per week for each client.
(4) Day programs shall have a minimum of 30 hours of weekly scheduled programs in addition to the formalized counseling sessions.
(5) Night programs shall have a minimum of 10 hours of weekly scheduled programs in addition to the formalized counseling sessions.
(6) *Day/night programs should attempt to provide each client one meal daily, if practicable.*
(7) Where available, central intake shall be utilized.

§.1000 RESIDENTIAL TREATMENT CENTERS

§.1001 Residential centers shall provide a live-in environment staffed by professionals and trained paraprofessionals, under direct supervision of professionals. These centers shall conform to the appropriate standards in §.0300 and .0400 and shall conform to the standards of §.0700, .0800 and .0900 with the following modifications:

(1) Hours of operation — the program shall provide services seven days per week, twenty-four hours per day.
(2) Meals — the program shall provide each patient a minimum of three meals per day.
(3) Counseling — a minimum of 10 hours of formalized counseling per week shall be made available for each client in the program.

SERVICES

§.1002 Pre-Admission Services

(a) Initial contact: Sufficient information shall be obtained at either the residential center or a central intake unit to clearly identify the client, the source of referral and what disposition was made, i.e., appointment for initial interview, referral to another program, dismissal from program or other disposition.
(b) Where available a central intake process shall be utilized.
(c) Initial interview
  (1) *Favorable criteria for participation in orientation should include:*
    (A) *previous period of sustained abstinence*
    (B) *motivation, internal and external*
    (C) *some understanding of nature, extent of problem*
    (D) *willingness to accept long-term commitment to treatment*
  (2) *Unfavorable criteria should include agressive-assaultive behavior or significant history of same*
(d) Orientation shall include the provision of sufficient information to the client to prepare him to make an appropriate decision regarding admission to the program including an on-site visit to the facility by the client.
(e) Any detoxification needed by client shall be arranged with appropriate medical back-up.

§.1003 Residential Treatment

(a) Direct Services
  (1) *The therapeutic community ideally should consist of not less than 12 or more than 40 clients living in an environment designed to insure maximum control of client activity, particularly during the early phases of treatment.*
  (2) Both individual and group therapy shall be provided regularly to stimulate motivation and aid the client in establishing an acceptable pattern of daily living.
  (3) At least every 30 days the program shall include evaluation of the

client's productivity as a member of the group. The client shall participate in this evaluation and it shall be documented in his file.

(4) The program shall include regularly scheduled free time and regularly scheduled recreational and leisure time activities.

(5) An education program shall be provided. *This should include:*

(A) *information services such as lectures, films, classes, tutoring, etc.*

(B) *experiential services such as sensitivity training, marathons, encounter groups, and other therapeutic techniques*

(6) Arrangements shall be made for clients to undertake vocational and/or educational counseling and/or training.

(7) Basic personal necessities shall be provided for the client's health, comfort and well-being.

(b) Supportive Services — Required

In addition to direct service, the following supportive services shall be provided according to the needs of the client.

(1) *medical*

(2) *legal*

(3) Individuals and group counseling for spouses, parents and other relatives or individuals shall be made available.

(c) *Supportive Services — Recommended*

(1) *dental*

(2) *psychiatric*

(3) *laboratory*

(4) *social*

PROGRAM COMPLETION

§.1004 The program shall provide within its structure the means for ongoing review of the degree to which each client is meeting his individual treatment goals. When it becomes evident to key staff that the client has received optimum benefit from residential treatment, further progress requires a return to functioning in the community. Joint planning for the client's discharge shall be undertaken in consultation with the client.

§.1005 For successful completion of the residential program the client must have completed his residential treatment goals.

§.1006 *Criteria for successful completion of the program should also include these factors:*

(1) *The client should have developed the capacity to be as economically self-sufficient as possible.*

(2) *The client should have demonstrated either job stability or responsibility in seeking employment.*

(3) *The client should no longer be dependent for social activity upon those who abuse drugs or upon the residential facility, and his avocational interests and behavior should have become established in socially acceptable recreational and social pursuits.*

§.1007 The client's meeting of criteria for discharge shall be documented in the final case review.

AFTERCARE

§.1008 *The agency should provide appropriate assistance to the client in such matters as job placement, living arrangements, and resumption of education.*

§.1009 Follow-up services shall be made available on an outpatient basis.

§.1100 METHADONE TREATMENT

§.1101 A Methadone Treatment Center is one that utilizes methadone or other chemotherapeutic substances as a tool in the rehabilitation process. All programs which use methadone shall comply with the standards for the appropriate program modality as outlined in Sections .0700 through .1000. In addition, the program must be approved by the Food and Drug Administration, and the Department of Health, Education, and Welfare, registered by the Drug Enforcement Administration, and licensed by the North Carolina Drug Commission. The program shall conform to all rules and regulations established by these agencies pertaining to administration of methadone.

PURPOSE

§.1102 The purpose of methadone treatment is to offer the drug dependent client an opportunity to effect constructive changes using methadone in conjunction with other services such as counseling and training as a therapeutic tool to aid him in redirecting his effort and changing his lifestyle.

ADMINISTRATIVE POLICIES

§.1103 Approval

All methadone programs must be approved by the Food and Drug Administration and registered by the Drug Enforcement Administration.

Requests for exceptions must be justified to the Food and Drug Administration and the North Carolina Drug Commission.

§.1104 Clinic Hours

The following minimum hours of operation shall be maintained: Seven (7) days per week as follows: 5 days per week at 8 hours per day (in all cases at least 2 hours must be outside the regular 9 a.m. to 5 p.m. day) and two days per week at 4 hours per day.

§.1105 Selection of Clients

Admission evaluations must be performed on patients prior to formal acceptance into the methadone program. The evaluation must include:

(1) Medical history/physical examination
(2) Social history, including drug use history
(3) Laboratory testing
(4) Psychiatric evaluation when indicated

§.1106 Urinalysis

(a) Client urinalysis shall be obtained as set forth in administration, client urinalysis procedures (b)
(b) At least monthly, and more frequently when indicated, random and observed urine collection must be analyzed for all staff directly involved with clients on a regular basis or having direct access to or responsibility for methadone.

(c) All appropriate staff and clients must sign a consent form for urine collection and analysis.

§.1107 Security Procedures

(a) Adequate security must be maintained over stocks of methadone and over the manner in which it is received, stored, and distributed according to the guidelines established by the Drug Enforcement Administration.

(b) *Methadone should not be dispensed by a single individual, but a dispensing agent should be accompanied by another staff member duly authorized by the medical and/or executive director of said program.*

(c) Any personnel being maintained on methadone shall not be allowed access to or responsibility for methadone, except as dispensed to him by the program.

(d) A filing system containing pictures of the methadone clients shall be maintained in the facility for identification purposes.

PROGRAM SERVICES

§.1108 Treatment and Rehabilitation Services

Methadone maintenance in itself is not noted as a treatment modality, but an adjunct to treatment. The following services must be made available for all clients:

(1) Individual and/or group counseling or other therapeutic alternatives which are in compliance with existing D.E.A., F.D.A., N.I.D.A. and methadone monitoring standards.

(2) *Basic needs of the client may be provided in coordination with the appropriate agency and the methadone clinic and may include the following:*

(A) *Financial assistance*
(B) *housing*
(C) *food*
(D) *medical and dental care*
(E) *clothing*
(F) *legal aid*

§.1109 Program Activities

(a) Activities must be included to maintain the client's interest in the program and to provide to the client creative alternatives to drug use and abuse in a drug-free social setting.

(b) *The center should also develop and maintain effective relationships with community agencies, including criminal justice, mental health agencies, health departments, vocational rehabilitation, social services, etc.*

(c) The program must include regular evaluation of the client's achievement of individual treatment goals and the records must document the steps involved in this process. The client's participation must be reviewed at least every thirty days.

CLIENT TERMINATION

§.1110 Program Completion Criteria

(a) The client must have assumed responsibility for himself and must have completed his treatment goals.

(b) The client's meeting of criteria for discharge must be documented in the final case review.

(c) At three month intervals withdrawal from methadone maintenance will be discussed with the client.

§.1111 Involuntary Termination From Program

Any patient who attempts to sell, deliver, or otherwise dispose of his dispensed methadone by any illicit means shall be denied take-home privileges and be withdrawn from the methadone as quickly as is medically safe. Any client being involuntarily terminated shall be given written notice of this fact and the right to have such decision reviewed in accordance with procedures established for that purpose.

METHADONE SERVICES

§.1112 Methadone Detoxification

(a) Methadone shall be used as a substitute narcotic drug in decreasing doses to reach a drug-free state in a period not to exceed 21 day.

(b) All programs delivering these services must be in compliance with all state and federal regulations pertaining to the administering of methadone for detoxification.

(c) A positive urine test for opiate drugs must be obtained and documented prior to initiating methadone detoxification.

§.1113 Methadone Maintenance

All programs delivering this service must be in compliance with all state and federal regulations pertaining to the administering of methadone maintenance services.

§.1114 Other Requirements

All programs providing detoxification for opiate and/or barbiturate addictions must submit detailed procedures to the North Carolina Drug Commission concerning their protocol for opiate and/or barbiturate detoxification.

§.1115 Medication Units

(a) All methadone treatment centers contemplating the operation of an ancillary medication unit must submit to the North Carolina Drug Commission and D.E.A. a detailed description of their prospective program protocol, location, and criteria for client acceptance at the unit and must have prior approval of such.

(b) All regulations of the F.D.A. and the North Carolina Drug Commission regarding medication units must be adhered to.